

U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

**For Official Use Only**



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U- <u>2606</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Tom</u> <u>Doleschy</u>  P.O. Box, Bldg., Room No., if any <u>Suite 1</u>  Street <u>N 25 W23055 Paul Road</u>  City <u>Pewaukee</u>  State <u>Wisconsin</u> ZIP Code + 4 <u>53072</u>	4. Name, file number, and address of labor organization. Name <u>Chicago Regional Council of Carpenters</u> Labor Organization File Number <u>001-949</u>  P.O. Box, Building and Room Number, if any <u></u>  Street <u>12 East Erie</u>  City <u>Chicago</u>  State <u>Illinois</u> ZIP Code + 4 <u>60611</u>
5. Position in labor organization. <u>Business Rep/Organizer Local 264</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b>	
<b>6. Name and address of Employer (including trade name, if any).</b>  Name <input style="width: 90%;" type="text"/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/>	<b>7.a. Nature of Interest, Transaction, or Income.</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>7.b. Amount</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

**Signature**

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

**Signed**

Tom Dolosch

On

6-29-05  
Date

262-970-5477  
Telephone Number



## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Tom Dobosky      6-29-05  
Signature                      Date